**A Mixed Methods Evaluation of Trauma Informed Awareness Training Supported by the Lancashire Violence Reduction Network**

**16 December 2024**

**Joanna Goldthorpe**

**Paula Wheeler**

**Lindsay Youansamouth**

**Zac Randles**

**Contents**

[Executive Summary 3](#_Toc189840593)

[Introduction 5](#_Toc189840594)

[Table 1: trauma-sensitive principles 6](#_Toc189840595)

[Study Methodology 7](#_Toc189840596)

[Qualitative study 8](#_Toc189840597)

[Methods 8](#_Toc189840598)

[Qualitative data collection 8](#_Toc189840599)

[Table 2: Application of NPT constructs to topic guides 8](#_Toc189840600)

[Table 3: Participants 9](#_Toc189840601)

[Findings 9](#_Toc189840602)

[Experiences of trauma informed training: 9](#_Toc189840603)

[Implementation in practice: 10](#_Toc189840604)

[Systemic and culture change: 11](#_Toc189840605)

[Building relationships with clients and service users 12](#_Toc189840606)

[Quantitative Survey study 12](#_Toc189840607)

[Methods 12](#_Toc189840608)

[Results 13](#_Toc189840609)

[Table 4: Survey respondents 13](#_Toc189840610)

[Table 5: Survey responses 13](#_Toc189840611)

[Discussion and recommendations 16](#_Toc189840612)

[Qualitative Study 16](#_Toc189840613)

[Survey (quantitative) study 17](#_Toc189840614)

[Mixed-methods discussion 18](#_Toc189840615)

[Conclusion & Reccomendations 19](#_Toc189840616)

[Table 6: Recommendations 20](#_Toc189840617)

[References 21](#_Toc189840618)

# Executive Summary

*Background*

The UK Government's Serious Violence Strategy of 2018 promotes a public health approach to violence prevention, leading to the establishment of Violence Reduction Units (VRUs) in 18 police force areas, (increased to 20 in 2022). The Lancashire Violence Reduction Network (LVRN) aims to embed trauma-informed (TI) approaches within their partnership organizations and workforce, focusing on understanding the impact of trauma and preventing re-traumatization.

*Method*

This evaluation used a mixed methods approach, guided by Normalisation Process Theory (NPT). Data was collected through interviews, focus groups, and an online survey. The study aimed to explore the experience and perceived impact of Trauma Informed Awareness Training (TIAT) on participants, their practice, clients, organizations, and system-wide practice.

*Findings*

Qualitative Study:

* Experiences of Trauma Informed Training: Participants reported positive experiences, valuing practical tools and resources. Challenges included inconsistent training quality and time constraints.
* Implementation in Practice: TI approaches were acceptable and valued by staff from partner organisations. Strong leadership and clear communication were crucial. Addressing vicarious trauma among staff through peer and individual support was important.
* Systemic and Culture Change: Adoption of TI language and resources in partner organisations is demonstrative of early changes being made as a result of staff members undergoing the training. Staff valued being part of a network of trauma informed practice however cross-agency collaboration should be supported to achieve a legacy of trauma informed practice across Lancashire.
* Building Relationships with Clients and Service Users: TI practices led to more empathetic and supportive interactions, which helped to engage and retain services users with trauma-informed services.

*Quantitative Survey:*

48 responses indicated high acceptance and value of TI practice.

* TI practice is becoming normalised in organisations undergoing the training, with 74% of respondents agreeing it is part of their work and 88% believing it will become part of their work.
* 55% agreed that sufficient training was provided, and 54% agreed that sufficient resources were available.
* 95% valued the effects of TI practice on their work.
* 73% felt it changed how they discuss clients.
* Challenges include the need for strong leadership and sufficient resources in the longer term.

*Discussion*

The study highlights the significant impact of TIAT on professional practices, leading to more empathetic interactions. Systemic changes and cross-agency collaboration are crucial for effective implementation. Ongoing support, committed leadership, and addressing vicarious trauma are essential for sustaining TI practices in the long-term.

*Conclusion*

This study contributes to the evidence supporting the efficacy of TIAT and underscores the need for ongoing research and development. Addressing challenges and implementing systemic changes will foster a TI culture that supports both service users and professionals. The findings demonstrate the significant impact of trauma-informed training on professionals, enhancing their understanding of trauma and enabling more empathetic and supportive practices.

# Introduction

In the United Kingdom (UK), the UK Government Home Office published its Serious Violence Strategy in 2018 (1), encouraging a multi-agency, whole-system public health approach to violence prevention. In 2019, the UK Government announced Home Office funding to assist with establishing Violence Reduction Units (VRUs) in 18 police force areas with the aim of reducing serious violence and its root causes (2). The VRUs public health or ‘whole-systems’ preventative approach to violence reduction includes:

* Multi-agency working
* Data sharing and analysis
* Engaging communities and young people
* Commissioning and developing evidence-based interventions

As part of this public health approach, the government has stressed the role of *preventing* young people from adopting criminal behaviours and has identified experiences of trauma and adversity as potential predictors of at least one form of serious violence:

*“Through understanding the impact of Adverse Childhood Experiences (ACEs), we know there is increased likelihood of becoming a victim, becoming violent, becoming involved with hard drugs and excess alcohol and ending up in prison.” (1)(p.61)*

Many of the VRUs have been working towards embedding a ‘trauma-informed approach’ through various interventions, for example, workforce development (staff training and awareness raising, changes to organisational culture), trauma-informed approaches through early interventions (for example, trauma-informed education), or development of trauma-informed interventions for young people involved in or at risk of violence (diversion and psychotherapeutic interventions).

The Lancashire Violence Reduction Network (LVRN) aims to embed trauma-informed (TI) approaches within their partnership organisations and workforce. The aim of TI practice is to ensure practitioners are informed and skilled in recognising the wide impact of trauma on the causes and effects of violent behaviour and to prevent the re-traumatisation of clients. (3)

The LVRN has adopted SAMHSA’s (4) definition of trauma and their six principles fundamental to a trauma-informed approach. Trauma was defined as resulting from:

*‘an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.’(4)*

The six principles are described below. The LVRN Organisational Development Toolkit (3) suggests that to be trauma sensitive, organisations should explore these principles in their daily work and to become trauma responsive, to have begun to change the organisational culture to align with these principles.

## Table 1: trauma-sensitive principles

|  |  |  |
| --- | --- | --- |
| Safety  Ensuring safety of the individual. Throughout all organisations people accessing services and staff feel culturally, physically, and psychologically safe | Trust  Organisational procedures and decisions are transparent, including providing timely, accurate and honest information about what is happening, what will happen next and why | Peer Support  Enable people to feel valued, recognise their strengths, develop new skills, and become independent. Supporting them to identify peer support and mutual self help |
| Collaboration  Understanding power imbalances and working to ‘flatten the hierarchy’ and make shared decisions. Ensuring empowerment, a voice and choice. Working with not to, in collaboration and with mutuality agree goals | Empowerment, Voice and Choice  Promote choice. Recognise that every person’s experience of trauma is unique and requires an individualised approach. Avoid re-traumatisation. Be conscious to prevent making people feel powerlessness | Cultural, Historical and Gender Issues  Recognise trauma. Understand and be aware of history and taking the time to hear the influences and impacts upon life |

Trauma Informed Awareness Training (TIAT) focuses on developing the trauma-informed (TI) skills-base of professionals and is designed to equip professionals with the knowledge and skills to understand and respond to trauma. This approach is particularly relevant in sectors such as youth work, social care, and the prison service, where individuals often encounter clients with complex trauma histories.

LVRN workforce development training has been offered to multi-agency groups and included basic awareness raising, sessions for leaders and managers and a ‘Train the Trainer’ programme. The workshops aim to support a system wide approach that examines new ways of identifying people who have experienced multiple childhood traumas and puts in place support to prevent ongoing and inter-generational problems. Additional training has been funded by the LVRN e.g., Research in Practice on-line ‘*Practical Application of TI Knowledge’* for Blackpool Adolescent Service.

LVRN describe the ‘*key deliverables’* of the in-house training as to:

1. Enhance participants understanding of underlying trauma that could contribute to an individual’s risk of involvement in serious violence and crime.
2. Enable participants to put in place more effective interventions to address the impact of underlying trauma.
3. Better able participants to collaborate and intervene more effectively because of a developed shared language and understanding of the impact of trauma.
4. Increase participants ability to recognise adverse experiences and trauma and understand how these may interfere with a child or young persons’ ability to form trusting relationships with frontline professionals.
5. Increase participants awareness of how to avoid practices that might inadvertently cause further trauma, preventing the individual from accessing appropriate support.
6. Increase participants understanding of how trauma presents in young women and girls and how frontline professionals’ response to this cohort may differ.

The stated aims of the Leaders and Managers training workshop were for participants:

* To gain insight to why we want to move towards a TI Lancashire.
* Develop awareness, knowledge and confidence in the areas of Trauma, TI Practice and Reflective practice.
* Begin to develop ideas to how this relates to your role, service or organisation and what meaningful changes can be made.
* To raise awareness about the Organisational Toolkit and peer assessment process.

Trauma informed training was offered to practitioners working in the education, public, voluntary, community, faith, social enterprise, health and social care sectors in roles with relevance to violent crime prevention across Lancashire. The training was in-person and consisted of traditional classroom teaching combined with some discussion. It was co-delivered and facilitated through an independent clinical psychologist and an NHS Health Lead with experience in trauma informed training and practice, however the materials mentioned by participants in the qualitative study (Jack’s Story and Mia’s Story) were developed by the Lancashire Violence Reduction Network.

The aim of this study was to explore the experience and perceived impact of trauma-informed training on participants, their practice, their clients, organisations and system wide practice, in addition to participant’s experiences of undertaking the training.

# Study Methodology

This evaluation used a mixed methods approach.

We identified Normalisation Process Theory (NPT)(5&6) as a useful framework to guide data collection and synthesise findings across the qualitative and quantitative work carried out for this evaluation. NPT is a theory of implementation that has been used to support evaluations of complex interventions by exploring how new ways of working are embedded and normalised across groups of people and organisations. NPT focuses on four constructs: Coherence (understanding new ways of working); Cognitive Participation (linking new ways of working to existing knowledge), Collective Action (operationalising new ways of working) and Reflexive Monitoring (appraising and reflecting on new ways of working). Using a theoretical framework to guide research can be practical, help to structure thinking and encourage exploration of issues that might otherwise not have been considered.

The NPT constructs can be framed as a series of simple statements and questions which enable researchers to consider the social processes of implementing an intervention, or in this case, an approach. As such, the NPT framework is not a way of measuring an implementation, but a critical framework to think through the factors which may inhibit or promote a practice, intervention or approach. The NPT framework emphasises that an implementation should be understood as a dynamic process and as such is engaged in ongoing and interactive practices of accomplishment (6).

This mixed-methods report will now consist of two sections: a) A qualitative study involving data collected through interviews and focus groups and b) A quantitative survey utilising an online questionnaire. Each section describes different methods and findings, which are pulled together in a combined discussion.

## Qualitative study

## Methods

### Qualitative data collection

Our topic guides for the interviews and focus groups used to collect the data for this report have been organised around NPT constructs (see appendix for topic guides used).

Here we give an overview of how the NPT constructs have supported our understanding of the data collected for this evaluation:

## Table 2: Application of NPT constructs to topic guides

|  |  |
| --- | --- |
| **NTP domain** | **Examples of the types of questions that have guided our data collection analyses** |
| **Coherence** has been used to understand how participants have attributed meaning to the TI approach in their community, including how they have made sense of the TI Approach and the work of the LVRN. | Do participants see the TI approach as a new and valuable way of working? Does it fit with previous ways of working? Do individuals understand what the approach requires of them? Do participants understand the role of the LVRN? |
| **Cognitive Participation** has been used to explore how committed people are to the approach and how working in trauma-informed ways fit with participants’ existing value systems and understanding of their role. | Are participants willing/able to promote the TI approach? If they are willing, but not able, what are some of the barriers to cascading the information/approach to others? Is this where leadership is needed? Do stakeholders believe they are the correct people to promote and drive the TI approach? If they are not the right people, who are? Who is missing? |
| **Collective action** is the work people do together to enact TI approach and translate it into collective practices. | How do trauma- informed approaches fit with the existing skills of the stakeholders involved? Do people have the right skills and training? Do people have confidence in the approach? Do they have the resources needed? |
| **Reflexive monitoring** describes how participants appraise their use of trauma-informed approaches in their work | How do participants evaluate the worth of the LVRN and trauma-informed approaches? What are the benefits and possible costs? How do trauma-informed approaches work and for whom do they work? What are the barriers and facilitators to implementing trauma-informed approaches? |

Two interviews and two focus groups took place remotely using MS Teams, recorded and transcribed within the software. The recording was listened to a second time and the transcription checked for errors and accuracy. The qualitative data was analysed in Excel and MS word, using a reflexive thematic analysis approach. To protect anonymity (a concern voiced by many participants), each quotation is attributed to a participant by referencing their field of work only.

*Participants*

Table 3 below shows that two participants took part in interviews and eight participants attended focus groups (N=10). Those who attended manager’s training also attended the basic training session and volunteered that they have also attended a follow up session for managers. Most participants were not able to recollect the exact date of training but were able to give an approximate time period during which they attended, which is displayed in the 3rd column from the left.

## Table 3: Participants

|  |  |  |  |
| --- | --- | --- | --- |
| Participant role sector | No of participants | Attended basic TI training | No of participants |
| Youth work | 2 | Jan’ 2024 | 4 |
| Early Help (domestic violence, support for potential/ ex offenders) | 3 | December 2023 | 2 |
| Community development | 1 | 2021 | 1 |
| Social care | 2 | Unknown period | 3 |
| Family support | 2 | Attended Managers training | 3 |

# Findings

The four themes developed from the data were “*Experiences of Trauma-Informed Training; Implementation in practice; Systemic and Culture Change* and *Building Relationships with Clients and Service Users*. The analysis of transcripts from participant interviews allowed us to map the participants’ journey from attending the training, through implementation and systemic and culture change in practice, to experiencing client-facing positive outcomes

### Experiences of trauma informed awareness training:

Participants generally reported positive experiences of attending the in-person training workshops. Training was considered highly relevant to their work and participants appreciated the practical application of the concepts.

*"I just think it's something that's a natural thing that you just do. It's that understanding of that, you know, things happen and young people behave usually more often than not because of something that they've gone through"* (Social Care 1).

Participants valued the practical tools and resources provided during the training, which they could directly apply in their work and cited “Mia’s story” and “Jack’s story” as being powerful, engaging and useful in understanding traumatic experiences:

*"We bought some of the resources as well because they have the cards there and they've been useful. So some of the stuff they've used those in the schools workshops" (Social Care 2).*

Participants highly valued flexibility in delivery of the training and tailoring to specific larger staff groups, resulting in the materials and teaching becoming bespoke and more relevant and engaging, but still able to be delivered at scale:

*"We sat down with the LVRN to look at rewriting it for [organisation] because this is going to be for like over 700 staff. They were brilliant with us to be able to say right, well, that's the basics. Let's get it to fit your service to be able to, you know, make it mean more to our staff." (Youth Work 1)*

One of the more immediate benefits of undergoing trauma informed awareness training was reported as increased confidence within individual participants to tackle perceived challenges in working with vulnerable clients and service users. This appeared to facilitate initiating and responding to more challenging professional interactions:

*"I think having that trauma training has enabled or given certainly my practitioners the confidence to actually have those difficult conversations and that's the conversations we should be having." (Community Development)*

Time constraints also posed a significant challenge. The contextual nature of participants’ work in the UK public sector, subject to some years of austerity measures often made it difficult to allocate time for comprehensive training sessions within the constraints of a heavy routine workload.

*"Finding time for training was challenging for many, especially those in high-demand roles,"* (*Youth Work 1*)

Looking ahead, participants recommended more interactive training methods to promote engagement, possibly over a full day or with protected time to consolidate and reflect on the learning. Some participants reported rushing off after the training to get back to their routine tasks, which made it difficult to switch off from work and be fully present during the workshops:

*"I would have enjoyed a full day of it. I felt like I was rushing to get back to work, you know? And I would have more engaged if I know could shut that laptop off for a day and just focus on that," (Early Help 1)*

### Implementation in practice:

Participants reported how the training has influenced their work, giving examples of trauma-informed approaches in youth work, Social Care, and the prison service. They emphasised the importance of understanding the root causes of behaviour and providing consistent, empathetic support. Trauma-informed practice was acceptable in the workplace and could be become normalised within routine working practice.

*"I just think it's something that's a natural thing that you just do. It's that understanding of that, you know, things happen and young people behave usually more often than not 99% of the time because of something that they've gone through.*" (Early Help 2)

In youth work, the impact of trauma-informed training was evident in engaging young people and addressing personal issues before delivering standard or statutory services or signposting to support:

*"We only work with small groups. So it gives us that chance to sort of chat and talk to young people more often than not, we might spend two or three weeks dealing with things. Personal stuff before we even get to dealing with the projects," (Youth Work 2).*

In the prison service, the training helped staff understand the root causes of behaviour in incarcerated individuals. However, personal commitment to trauma-informed practices may not translate into overcoming challenges of implementing systemic change within institutions:

"I think I've managed to do that on a personal level, whether we've been able to do that on an institutional level is a completely different story*." (Early Help 3)*

Conversely, facilitators to institutional change were reported as having a strong leadership element committed to implementing and supporting trauma informed practice, and clear ways to communicate trauma informed methods across the workforce:

*"It's brilliant because our head of service is massively on board with trauma-informed and how it influences what we work with and how we work in the future."(Family Support 1)*

The “train the trainer” and champions approaches could be effective in spreading learning relating to trauma informed practice across the workforce, and driving momentum and interest forward:

*"We have got trauma-informed champions within every district … so we're keeping it, you know, in the forefront of people's minds."(Family Support 2)*

### Systemic and culture change:

When asked about culture change in their organisations, participants reported changing the language used in documentation and practice among individual staff members to be more trauma-informed and child/ person-centred. This includes avoiding blame, labelling and recognizing the impact of trauma on behaviour.

*"So just some examples of talking to people in schools and they said a lot of it was about the language that they use when talking about other people. So, like not labelling them as being like naughty or bad lads or whatever." (Early Help 3)*

The training also emphasized the importance of addressing vicarious trauma (trauma from hearing harrowing reports from others) among staff. This aspect of the training was valued particularly by participants who had responsibility for other staff:

*"I think for me as a manager, I came away with having a better understanding of vicarious trauma. So not directly that trauma lived experienced by the parent or the child, but particularly how that then impacts on my team and the staff"(Early Help 1)*

Some organisations had implemented regular supervision, peer support, and well-being programs. These were highlighted as essential for helping staff manage their own trauma and stress. Reflective peer-supervision groups had been introduced as a response to staff understanding that they and their colleagues were at risk from vicarious trauma and these group sessions were seen as providing a safe space for staff to discuss their experiences and receive support:

"*We have monthly group supervision now where reflective and vicarious trauma is part of that group supervision. So, we will openly talk about how that has made the worker feel and how we support them through that," shared a participant. (Community Development)*

However, the need for cross-organisational approaches was emphasised. [[1]](#footnote-1)This includes training for all levels of staff, from frontline workers to managers to ensure a consistent understanding of the reasons for and potential benefits of, trauma informed practice. Training across organisations could support a standardised experience for service users:

*"I think you get a bit of scepticism. And a bit of, maybe especially from prison officers thinking it's nanny state, thinking that you are being a bit too soft and woolly." (Early Help 3)*

Participants felt that systemic change towards trauma informed practice could be supported by a cross-agency approach. Collaboration between services and organisations was seen as important to rolling out implementation of cultural and systemic change to trauma-informed practice consistently. Participants highlighted that trauma-informed approaches could be implemented universally across roles, even when a more authoritative approach might be viewed as appropriate to some interactions:

*"I don't think there's a consistent approach, and again I think it's that what you said earlier about that language, people are working with young people and you know we work closely with the police and I know it's sort of like, [their approach can be] enforcement. But I do think sort of like, they need to be more trauma-informed (Early Help 3)*

Some participants suggested that organisations should make trauma informed awareness training part of their mandatory employee development offer to all employees as a way of facilitating a consistent trauma-informed approach across organisations

“*I think it does need to commit us at all levels. I mean, I only stumbled on to this training the brief November session that I attended was just a taster for us to if we're interested to look into and I just happened to see it on the home Internet page, it wasn't briefed out to anybody and nobody else in my team attended it*… *our HR policies haven't caught up with the theme, they haven't caught up with what that means in practice." (Social Care 2)*

### Building relationships with clients and service users

Participants reported that implementing trauma informed practices after completing the training helped participants develop a deeper understanding and empathy towards the individuals they work with, recognising the impact of trauma on behaviour across the life course. The following quotes highlight how the training could be generalised to working with people of different ages and needs:

*"It's that understanding of that, you know, things happen and young people behave usually more often than not 99% of the time because of something that they've gone through." (Youth Work 1)*

*"It helped me to kind of understand and where to say do you know why people become self-neglectors? Do you know why people become, you know, addicted or become homeless, and it comes right back to trauma in the childhood"* (*Early Help 2).*

This enhanced empathy translated into participant’s improved communication skills and their ability to build relationships with those they support. This could lead to improvements in participants’ ability to signpost to other appropriate services and work with people therapeutically, in addition to providing practical support:

*"We only work with small groups. So it gives us that chance to sort of chat and talk to young people more often than not, we might spend two or three weeks dealing with things. Personal stuff before we even get to dealing with the other projects and services." (Youth Work 2)*

## Quantitative Survey study

## Methods

All participants (approximately 3000) who have taken part in the LVRN’s Trauma Informed Awareness Training were sent the participant information and a link to the survey via email by an administrator for the LVRN. Data were collected electronically by *Qualtrics*, using a combination of closed questions and some open text boxes to allow for participants to enter additional information.

The survey (see appendix 2) was adapted from the NOMAD questionnaire (3,4) which is informed by Normalisation Process Theory (NPT) (5,6). We have also added four questions (D1-4) that focus specifically on how trauma informed awareness training has facilitated networking and culture change.

# Results

We received a total of 48 responses​, 6 of these had missing data. Two participants completed only the first three questionnaire items.

## Table 4: Survey respondents

|  |  |  |  |
| --- | --- | --- | --- |
| Employment Sector of Participants | | Length of Employment | |
| Education (4-18 years) | 1 | < one year | 9 |
| Football Trust | 2 | 1-2 years | 11 |
| Further Education | 1 | 3-5 years | 5 |
| Health (NHS) | 12 | 6-10 years | 6 |
| Health (non-NHS) | 2 | 11-15 years | 3 |
| Local Authority | 2 | >15 years | 8 |
| Police | 2 |  |  |
| Social Care | 8 |  |  |
| Special Educational Needs | 2 |  |  |
| Voluntary/Charity Sector | 9 |  |  |

Table 4 shows the length of time in role for the anonymous respondents, with total numbers of respondents against each sector. Most respondents (25%) worked for the NHS, followed by the voluntary/ charity (19%) and social care (18%) sectors. The remaining participants worked across education (aged 4-18), football trusts, further education, non-NHS health, local authorities, police and special educational needs. The mean number of years participants had worked in their role was 2.8 for those employed <15 years and eight respondents had worked in their roles for >15 years.

## Table 5: Survey responses

| Question | Responses (%) |
| --- | --- |
| 0 (Still Feels Very New) to 10 (Feels Completely Familiar) | |
| A1. When you use Trauma Informed Practice, how familiar does it feel? | 0-5 = 17%  6-10 = 83% |
| A2. Do you feel Trauma Informed Practice is currently a normal part of your work? | 0-5=26.%  6-10 = 74% |
| A3. Do you feel Trauma Informed Practice will become a normal part of your work? | 0-5=12%  6-10= 88% |
| Strongly Disagree to Strongly Agree | |
| B1. I can see how Trauma Informed Practice differs from usual ways of working | Strongly Disagree/,Disagree:= 5%  Neither Agree or Disagree = 10%  Agree / Strongly Agree= 85% |
| B2. Staff in my workplace have a shared understanding of the purpose of Trauma Informed Practice | Strongly Disagree/ Disagree = 2 %  Neither Agree or Disagree = 0%  Agree/Strongly Agree = 98% |
| B3. I understand how Trauma Informed Practice affects the nature of my own work | Strongly Disagree/ Disagree = 2.  Neither Agree or Disagree = 0 %  Agree/Strongly Agree = 98% |
| B4. I can see the potential value of Trauma Informed Practice for my work | Strongly Disagree/ Disagree = 15%  Neither Agree or Disagree = 2%  Agree/Strongly Agree = 83% |
| C1. In my workplace, there are key people who drive Trauma Informed Practice forward and get others involved | Strongly Disagree/ Disagree = 24%  Neither Agree or Disagree = 28%  Agree/Strongly Agree =48%  Not relevant =2% |
| C2. I believe that participating in Trauma Informed Practice is a legitimate part of my role | Strongly Disagree/ Disagree = 0%  Neither Agree or Disagree = 3 %  Agree/Strongly Agree = 97 % |
| C3. I’m open to working with colleagues in new ways to use Trauma Informed Practice | Strongly Disagree/ Disagree = 2%  Neither Agree or Disagree = 5%  Agree/Strongly Agree = 93% |
| C4. I will continue to support Trauma Informed Practice | Strongly Disagree/ Disagree = 3%  Neither Agree or Disagree = 0%  Agree/Strongly Agree = 97% |
| D1. I can easily integrate Trauma Informed Practice into my existing work | Strongly Disagree/ Disagree = 0%  Neither Agree or Disagree = 3%  Agree/Strongly Agree =95%  Not relevant = 2% |
| D2. Trauma Informed Practice disrupts working relationships | Strongly Disagree/ Disagree = 78%  Neither Agree or Disagree = 15%  Agree/Strongly Agree = 5%  Not relevant = 2% |
| D3. I have confidence in my colleagues’ ability to use Trauma Informed Practice | Strongly Disagree/ Disagree = 10%  Neither Agree or Disagree = 20%  Agree/Strongly Agree = 70% |
| D4. In my workplace, Trauma Informed Practice is relevant to the work of those who undertake the training | Strongly Disagree/ Disagree = 2%  Neither Agree or Disagree = 10%  Agree/Strongly Agree = 88% |
| D5. Sufficient training is provided to enable staff to implement Trauma Informed Practice | Strongly Disagree/ Disagree = 30%  Neither Agree or Disagree = 15%  Agree/Strongly Agree = 55% |
| D6. Following training, sufficient resources are available to support delivery of Trauma Informed Practice | Strongly Disagree/ Disagree = 23%  Neither Agree or Disagree = 23%  Agree/Strongly Agree = 54% |
| D7. In my workplace, management adequately supports Trauma Informed Practice | Strongly Disagree/ Disagree = 10%  Neither Agree or Disagree = 17%  Agree/Strongly Agree = 73% |
| E1. I am aware of reports about the effects of Trauma Informed Practice | Strongly Disagree/ Disagree = 13%  Neither Agree or Disagree = 12%  Agree/Strongly Agree = 75% |
| E2. My colleagues think that Trauma Informed Practice is worthwhile | Strongly Disagree/ Disagree = 8%  Neither Agree or Disagree = 10%  Agree/Strongly Agree = 82% |
| E3. I value the effects that Trauma Informed Practice has had on my work | Strongly Disagree/ Disagree = 0%  Neither Agree or Disagree = 2%  Agree/Strongly Agree = 98% |
| E4. Feedback about Trauma Informed Practice can be used to improve it in the future | Strongly Disagree/ Disagree = 2%  Neither Agree or Disagree = 5%  Agree/Strongly Agree = 93% |
| E5. I can modify how I work within Trauma Informed Practice | Strongly Disagree/ Disagree = 0%  Neither Agree or Disagree = 5%  Agree/Strongly Agree = 95% |
| F1. Participating in a county-wide network of Trauma Informed Practice is worthwhile | Strongly Disagree/ Disagree = 0%  Neither Agree or Disagree = 2%  Agree/Strongly Agree = 93%  Not relevant =5% |
| F2. I or my colleagues collaborate with other organisations in Lancashire to deliver Trauma Informed Practice | Strongly Disagree/ Disagree = 12%  Neither Agree or Disagree = 10%  Agree/Strongly Agree = 53%  Not relevant =25% |
| F3. In my organisation, Trauma Informed Practice has changed the way we discuss clients/patients/pupils/families | Strongly Disagree/ Disagree = 7%  Neither Agree or Disagree = 13%  Agree/Strongly Agree = 73%  Not relevant =7% |
| F4. Trauma Informed Practice has changed the way I think about my interactions with clients/patients/pupils/families | Strongly Disagree/ Disagree = 5%  Neither Agree or Disagree = 5%  Agree/Strongly Agree = 82%  Not relevant = 8% |

Table 5 above shows percentage scores for the responses against each item on the survey questionnaire. Data percentages from questions A1-A3 are presented against scores between 0-5 and between 6-10 combined. Question B1 onwards shows dichotomised scores for agree/strongly agree and disagree/ strongly disagree combined to clearly show trends in the data. Percentage scores displayed against individual items across each item in the scales are available in the appendix.

95% of respondents who had undergone TIAT indicated that they agreed or strongly agreed that they had a good understanding of TI practice and 95% also agreed with a similar statement relating to their colleagues’ understanding of TI practice. This indicates a local workforce cognizant of the application and benefits of TI practice. Regarding the appropriateness of TIAT to those attending the workshops, 88% agreed or strongly agreed that TI practice is relevant to the roles of those who undertook the training, with 97% agreed/strongly agreed that TI practice is a legitimate part of their role. For the wider workforce, just 8% disagreed or strongly disagreed that their colleagues think that TI practice is worthwhile.

Trauma informed practice was acceptable and valued in the workplace, with 95%of respondents indicating that they agreed or strongly agreed that they value the effects that trauma informed practice has had on their work. 93% of respondents agreed/ strongly agreed that they are open to working with colleagues on new ways, suggesting that the learning from the training could be implemented in practice. Although the length of time passed between each participant completing their training to completing the questionnaire from a matter of a few months to around three years, responses indicated that TI practice is becoming normalised in the workplace, with 74% of respondents agreeing/ strongly agreeing that TI practice is currently part of their work and 88% indicating that they think it will become part of their work. Although we did not invite respondents to take this survey both before and after training, on reflection 85% of respondents agree or strongly agree that TI practice differs from usual ways of working, suggesting that the training may have changed practice. However, 78% of respondents disagreed or strongly disagreed that TI practice disrupted normal working relationships.

Reflecting on how TI practice has been implemented following training, 95% of respondents agree or strongly agree that they value the effects that TI practice has had on their work. Flexibility and autonomy in implementing TI practice was present, with 95% of respondents agreeing or strongly agreeing that that they can modify how they work within TI practice. However, less than half of respondents agreed or strongly disagreed that there were key people driving forward TI practice in their workplace. In contrast to the more enthusiastic responses around the initial training sessions provided by the LVRN, just 55% of respondents agreed that sufficient training is provided to enable staff to implement TI practice in the workplace, with 54% of respondents agreeing that sufficient resources were available to support delivery.

Respondents indicated that they highly valued the support that came from being part of a network of trauma informed practice, with 93% of respondents agreeing or strongly agreeing that participation in a network of TI practice is worthwhile. No respondents disagreed with this statement, with the remaining 7% indicating that they neither agreed or disagreed and 5% finding the statement not relevant. However, just 53% responded that they agreed or strongly agreed with the statement that they collaborate with other organisations. As 25% of respondents indicated that this statement was not relevant, it is possible that for these individuals, their roles did not involve cross-organisational working.

73% of respondents agreed or strongly disagreed that TI practice has changed the way they discuss service users. However, there is a possibility that negative language was not an element of practice prevalent in their organisations as 13% of respondents neither agreed or disagreed and 7% indicated that the statement was not relevant.

# Discussion and recommendations

### Qualitative Study

Four themes were developed from the data in the qualitative study: Experiences of TIAT, Implementation in Practice; Systemic and Culture Change; Building Relationships with Clients and Service Users

The findings from this study highlight the significant impact of trauma-informed awareness training on professionals' understanding and application of trauma-informed practices. The training has led to more empathetic and supportive interactions with clients, particularly reported in youth work, social care, and the prison service. Participants valued the materials such as Jack’s story and Mia’s story and felt that the training was practical and relevant to their work. They appreciated flexibility in the delivery of the training. Adapting to meet the needs of specific organisations enabled many more people benefit from access trauma-informed awareness training, however some participants also felt that they would benefit from multi-organisational sessions. Challenges reported were capacity and time constraints.

Support for staff, particularly in managing vicarious trauma, was crucial. Regular supervision and peer support helped staff to cope with the emotional demands of their work. Reflective supervision practices provide a valuable space for staff to discuss their experiences and receive support. Strong and effective leadership, committed to trauma-informed approaches is necessary to support organisational and systemic change towards unified trauma informed practice.

Systemic changes, including the adoption of trauma-informed language in practice, policy and documentation was essential for creating a consistent and supportive environment. Cross-agency collaboration was necessary to ensure a unified approach to trauma-informed care. Train the trainer and champions programmes received good feedback and could be a good way of “spreading the word” around trauma-informed practice.

The strengths of this study were that participants reflected the various organisations involved in a community of practice needed to work together to reduce violent crime. They were given space to express their own views in either a group or one to one interview settings. During the focus groups, participants were given the choice to remain anonymous, and cross -organisational, which enabled participants to speak candidly when expressing their views without potential censure from colleagues.

The challenges of this study were that many potential participants could not find the time to take part and some had to pull out at the data collection stage as they had to respond to an immediate event at work so we may not have a full representation of organisations across the Lancashire network. For example, we were not able to recruit participants from the police and criminal justice sector, despite some mitigation being in place whereby interviews and focus groups were offered outside office hours, including weekends and evenings.

This study found that trauma-informed awareness training has a profound impact on professional practices, leading to more empathetic and supportive interactions with clients. However, challenges such as inconsistent training quality and time constraints should be addressed. If trauma-informed approaches are to be sustained and rolled out across a community of practice in Lancashire, ongoing support, committed leadership, staff support and effective cross-agency collaboration will be essential. Future training should focus on interactive and flexible methods of delivery, consistency across sessions and leadership. Continuous support across organisations and systems is necessary to ensure all staff, clients and service users benefit.

### Survey (quantitative) study

The results of the survey data from 42 respondents confirms that TI training and practice is acceptable and valued, and that the right people are undertaking the training. The survey questions focused mostly on implementation and impact in practice following TIAT and is designed to explore organisational change around new ways of working through the concept of “normalisation”; how new ways of working become embedded in “business as usual” across networks. The survey results suggest that TI practice is becoming normalised in the organisations represented by the respondents. Reflecting on the early impact of TI practice, participants value the impact of TI practice on their work and agree that early changes include changing the language used to discuss clients and service users.

There is a recognition that TI practice does represent new ways of working, but that they can be incorporated into normal practice flexibly, with little disruption to the workforce. However, the results also suggest that sustainability and longevity of TI practice is at risk if attention is not paid to promoting strong leadership. Further investment and research into effective manager’s training and strengthening of the Champions programme could be one way of ensuring that the progress made around creating a local trauma informed system is implemented more widely and in the long-term. Survey responses also suggested that staff need better support and resources to support growth in their TI practice. Research should therefore be carried out to explore what these longer-term needs are and how best to respond to and support a trauma-informed workforce to grow in confidence and experience to produce the best outcomes for clients and service users.

Sustainability could also be encouraged by providing support to grow and empower a wider network of practice. Participants valued being part of a network of practice and found it worthwhile. There also appears to be a gap between those who find the network useful and worthwhile, and the numbers of respondents who report collaboration outside their own organisations. For those members of the workforce who are not involved in cross-organisational working day-to-day, it could be very useful for them to have opportunities to be actively involved in a network of practice to share learning and resources around TI practice with colleagues outside their own workplace. This could further support sustainability and longevity of TI cross-agency working in Lancashire.

The strengths of this study are that we have used a validated, widely used tool (NOMAD) (7&8) to collect the data. Trauma-informed violence reduction work in Lancashire is still in its early stages, and the LVRN is learning lessons around which elements of the training and wider networking should be kept and implemented at a scale, and where barriers lie. Therefore, exploring normalisation of TI practice following training aligns with the stage or implementation and experiences of early impact is appropriate.

A limitation of this study is that from 3000 potential respondents, we only have 42 return fully completed questionnaires. Therefore the findings from this study should be viewed as indications of possible trends and not generalised to the wider population.

## Mixed-methods discussion

The findings of the qualitative and survey study complement each other and triangulate the findings around the need for effective leadership and continuous support to sustain trauma-informed networks. Both the questionnaire used in the survey and the topic guide used to collect the qualitative study are informed by normalisation process theory, which is a significant strength of the mixed-methods methodology. However, the two studies also highlight some sperate issues. Participants in the qualitative study talked about the negative impact of vicarious trauma on staff dealing with people with complex issues, and the need to provide ongoing peer and therapeutic support. Early impacts were identified, around building better and more empathetic relationships with people receiving support. The survey responses suggested that although staff delivering TI work value being part of a wider network, some do not have the opportunity for professional cross-agency collaboration. Was multi agency then bespoke

The results of the data combined underscore the need for updated training to support rollout, leadership and cross-organisational collaboration. Sustainability and longevity of a community of TI practice is dependent on a strong network of effective leaders. Further research should include service users and people receiving trauma-informed support to fully realise the impact and experiences of TI practice. Ongoing challenges, barriers to healthy and safe lifestyles and the many contextual features that influence behaviour may not be identified by professionals, therefore we need to include the voices of diverse communities.

# Conclusion & Recommendations

Although there is much evidence around the impact of trauma informed practice on vulnerable groups of people, there are few studies carried out on how to enable a large community of practice to ensure that service users and clients are given the best possible support, including avoidance of re-traumatisation. This mixed methods study contributes to the growing body of evidence supporting the efficacy of trauma-informed awareness training and practice and underscores the need for ongoing research and development in this field, particularly around systems change, sustainability and implementation at scale and the ultimate impact on violent crime.

The findings demonstrate the significant impact of trauma-informed awareness training on professionals working in youth work, social care, and the prison service in Lancashire. The training has enhanced participants' understanding of trauma and its effects, enabling them to implement more empathetic and supportive practices. Key insights reveal the necessity for consistent training quality, addressing time constraints, and providing ongoing support for staff, particularly in managing vicarious trauma through reflective supervision.

Systemic changes, including the adoption of trauma-informed language and documentation practices, as well as enhanced cross-agency collaboration, are critical for the effective implementation of trauma-informed approaches. The findings highlight the importance of a unified, trauma-informed strategy across all levels of service provision to ensure comprehensive and consistent care.

Addressing the identified challenges and implementing the recommended systemic changes will be pivotal in fostering a trauma-informed culture that supports both service users and professionals.

## Table 6: Recommendations

|  |  |
| --- | --- |
| Recommendation | Evidence (page) |
| Build on the valued flexibility within training by introducing follow-up multi-agency training focusing on topics applicable across organisations e.g. peer support around vicarious trauma, supervision, organisational change. | 9/10/11,16 |
| Consider the introduction of full day face-to-face sessions and online flexible learning sessions to promote engagement and support those with limited time and capacity. | 10 |
| Some individuals and organisations are developing regular supervision and valued peer support groups, which were highlighted as essential for helpful staff manage their own trauma and stress. These initiatives should be nurtured and learning captured, with staff sharing best practice across the network, possibly via the Trauma Informed Lancashire website or webinars promoted by the LVRN. | 11, 16 |
| Consider introducing training around organisational change management techniques to help embed TI approaches across organisations. | 10, 16 |
| Strong leadership underpins organisational change and this could be applied consistently across agencies by the LVRN supporting TI champions with effective management and leadership skills training to be even more effective within their organisations. | 10,16 |
| Carry out further research into the support needs of staff regarding the longer-term implementation of TI practice and once identified, support delivery of those through the centralised LVRN team to ensure consistency of quality across organisations. | 16,18 |

# References

1. HM Government. Serious Violence Strategy. 2018.
2. Home Office. Violence reduction unit year ending March 2021 evaluation report. 2022
3. Lancashire Violence Reduction Network. Trauma Informed Lancashire Workshops [Internet]2020 [Available from: [*https://www.lancsvrn.co.uk/trauma-informed-lancashire-workshops/*](https://www.lancsvrn.co.uk/trauma-informed-lancashire-workshops/).
4. Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. 2014.
5. Murray E, Treweek S, Pope C, MacFarlane A, Ballini L, Dowrick C, et al. Normalisation process theory: a framework for developing, evaluating and implementing complex interventions. BMC Medicine. 2010;8(1):63
6. May C. Towards a general theory of implementation. Implementation Science. 2013;8(1):18.
7. Rapley, T., Girling, M., Mair, F. S., Murray, E., Treweek, S., McColl, E., Steen, I. N., May, C. R., & Finch, T. L. (2018). Improving the normalization of complex interventions: Part 1 - Development of the NoMAD instrument for assessing implementation work based on normalization process theory (NPT) 17 Psychology and Cognitive Sciences 1701 Psychology. *BMC Medical Research Methodology*, *18*(1), 1–17. <https://doi.org/10.1186/S12874-018-0590-Y/TABLES/8>
8. Finch, T. L., Girling, M., May, C. R., Mair, F. S., Murray, E., Treweek, S., McColl, E., Steen, I. N., Cook, C., Vernazza, C. R., Mackintosh, N., Sharma, S., Barbery, G., Steele, J., & Rapley, T. (2018). Improving the normalization of complex interventions: Part 2 - Validation of the NoMAD instrument for assessing implementation work based on normalization process theory (NPT) 17 Psychology and Cognitive Sciences 1701 Psychology. *BMC Medical Research Methodology*, *18*(1), 1–13. <https://doi.org/10.1186/S12874-018-0591-X/TABLES/9>

1. A previous evaluation completed in 2021 had recommended tailoring training to specific organisations and the LVRN had responded accordingly to this. [↑](#footnote-ref-1)